PERSISTENT HOOKWORM INFECTIONS IN DOGS

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PERSISTENT INFECTION AFTER ≥1 COURSE OF ANTHELMINTIC THERAPY

Perform FECRT

Treat with the same drug that is suspected of being ineffective

Perform FECs using a quantitative method (eg, McMaster, Mini-FLOTAC) on the day of treatment and again 10-14 days later

<75% FECR

- Indicative of resistance
- Eggs in initial fecal examination prior to FECRT unlikely due to LL

Treat* with febantel/pyrantel/praziquantel + moxidectin or fenbendazole + pyrantel + moxidectin and perform a second FECRT

<90% FEC reduction?

YES

- Consider treatment with emodepside*
- Perform pretreatment FEC and re-evaluate FEC 10-14 days later
- Monthly treatment with emodepside may be needed for an extended period of time
- Perform FECs at monthly intervals to monitor for egg shedding

NO

75%-89% FECR

- Suggestive of resistance
- Eggs in initial fecal examination prior to FECRT could be due to resistance or LL

90%-95% FECR

- Suspicious of resistance
- Eggs in initial fecal examination prior to FECRT could be due to resistance or LL

>95% FECR

- Treatment is effective
- Eggs in initial fecal examination prior to FECRT likely due to LL

- Recheck fecals every few months, preferably using FEC

75%-89% FECR

- Results considered inconclusive
- Repeat FECRT at next course of treatment

<90% FEC reduction?

YES

- Continue with triple-combination treatment until dog ceases shedding of hookworm eggs
- Perform FECs at monthly intervals to monitor egg shedding
- If egg shedding persists, repeat FECRT

NO

FEC = fecal egg count
FECR = fecal egg count reduction
FECRT = fecal egg count reduction test
LL = larval leakage

*See accompanying article, Persistent or Suspected-Resistant Hookworm Infections, page 61, for dose recommendations and discussion.